

C-1-PB-17-000485

CAUSE NO. _____

ESTATE OF	§	IN THE COUNTY COURT
	§	
ROOSEVELT WALKER,	§	AT LAW NO. _____
	§	
DECEASED	§	TRAVIS COUNTY, TEXAS

**APPLICATION FOR DETERMINATION OF HEIRSHIP AND
LETTERS OF ADMINISTRATION**

TO THE HONORABLE JUDGE OF SAID COURT:

Applicant Charlotte Rochelle Walker ("Applicant") files this her Application for Determination of Heirship and for Letters of Administration regarding the estate of Roosevelt Walker, DECEASED (the "Decedent"). In support thereof, Applicant would respectfully show the Court the following:

**I. APPLICATION FOR DETERMINATION OF HEIRSHIP AND
LETTERS OF ADMINISTRATION**

1. The name of the Decedent is Roosevelt Walker. The Decedent died on November 26, 2016, in Travis County, Texas. A true and correct copy of the Decedent's death certificate is attached as **Exhibit A** and hereby incorporated by reference.

2. The name of the Applicant is Charlotte Rochelle Walker. Applicant resides and is domiciled at 8601 Deja Ave., Travis County, Texas 78747. Applicant is Decedent's adult child from Decedent's prior marriage to Ms. Daisy Walker at the time of Decedent's death. Applicant is qualified and is not disqualified by law to act as administrator of the Decedent's estate.

3. Venue is proper in this Court because the Decedent was domiciled in and had a fixed place of residence in Travis County, Texas, at his death.

4. The Decedent owned real and personal property with a probable value in excess of \$300,000.

5. A necessity exists for the administration of the Decedent's estate.

6. The names, ages, marital status and residence addresses of the Decedent's heirs, the relationship of each heir to the Decedent, and the true interest of the Applicant and each of the heirs in the estate of the Decedent are as follows:

<u>Name, Age and Marital Status</u>	<u>Residence Address</u>	<u>Relationship</u>	<u>Interest in Community Property</u>	<u>Interest in Separate Personal Property</u>	<u>Interest in Separate Real Property</u>
(Applicant) Charlotte Walker, Age 53, Single	8601 Deja Ave., Austin, Travis County, Texas 78747	Daughter by Prior Marriage	100 percent	100 percent	100 percent

7. All children born to or adopted by the Decedent have been listed above.

8. The Decedent was married twice: first, to Ms. Daisy Joiner Walker, which marriage ended in divorce in 1971 in Travis County, Texas; and then to Ms. Jeffery Wright, who passed away on September 25, 2016 in Travis County, Texas. To Applicant's knowledge, each marriage of the Decedent has been listed above.

9. The Decedent died intestate. The Decedent left no valid will, to the knowledge of Applicant. Further, no estate administration proceedings have been filed in relation to Decedent's estate.

WHEREFORE, PREMISES CONSIDERED, Applicant prays that citation and notice will issue as required by law, that an attorney ad litem will be appointed to protect the interests of the unknown and unascertained heirs of the Decedent and the known heir of the Decedent who is a minor, that, upon hearing, this Court will declare the heirship of the Decedent as stated above and appoint Applicant administrator of the Decedent's estate, that, upon qualifying as such, letters of administration shall issue to Applicant, and that Applicant be granted such other relief to which she may be entitled.

THE LAW OFFICE OF CHRISTOPHER B. PAYNE, PLLC

By: /s/ Christopher B. Payne

Christopher B. Payne

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**ATTORNEY FOR APPLICANT,
LORENA VELA-PARKER**

THE STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

BEFORE ME, the undersigned authority, personally appeared CHARLOTTE ROCHELLE WALKER who, upon being sworn, did upon oath swear and state as follows:

Insofar as is known to me, all of the allegations in the foregoing application are true in substance and in fact, and no such material fact or circumstance has, within the affiant's knowledge, been omitted from the application.


Charlotte Rochelle Walker

SWORN TO AND SUBSCRIBED BEFORE ME on this 6th day of March, 2017.




NOTARY PUBLIC, STATE OF TEXAS

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

DEC 09 2016

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-16-176234

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
ROOSEVELT WALKER				NOVEMBER 26, 2016	
3. SEX	4. DATE (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
MALE		84	DEL VALLE, TX		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
1707 CEDAR AVE.				AUSTIN	
10d. COUNTY		10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
TRAVIS		TEXAS	78702	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
WILSON HILL			MARY CLARK		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct NO.)		16. FACILITY NAME (If not institution, give street address)	
TRAVIS		AUSTIN, 78702		1707 CEDAR AVE.	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
CHARLOTTE WALKER - DAUGHTER			8601 DEJA AVE., AUSTIN, TX 78747		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section DB-4	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		STUART HINES KING, BY ELECTRONIC SIGNATURE - 12401		Block _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)		Lot 165	
EVERGREEN CEMETERY		AUSTIN, TX		Space 4	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
KING-TEARS MORTUARY, INC.		1300 EAST 12TH STREET, AUSTIN, TX 78702			
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
MICHAEL L. GUTIERREZ, BY ELECTRONIC SIGNATURE		DECEMBER 2, 2016		10:46 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
MICHAEL L. GUTIERREZ 1009 E. 40TH STREET, SUITE 300B, AUSTIN, TX 78751				MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST		a. ATHEROSCLEROTIC HEART DISEASE		UNKNOWN	
		Due to (or as a consequence of):			
		b.		Due to (or as a consequence of):	
		c.		Due to (or as a consequence of):	
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		40e. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR:	
0204690		DECEMBER 9, 2016		REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED	
EDR NUMBER 000002005466					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 156.188)

VS-112 REV 1/2006

Q A 0 9 9 2 7 4 6 7

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED DEC 12 2016

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VICTOR A. FARINELLI
ACTING STATE REGISTRAR

BMA